

I am looking at one from the New York Times that says, "Teaching Hospitals in Trouble."

Then one that says, "Teaching Hospitals Battling Cutbacks in Medicare Money." Another editorial from the Chicago Tribune, "Medicare Cuts Hit Big Centers."

So all around America, both rural and urban, we are experiencing difficulties that unless there is relief we do not really know what to do about it. It is understandable if our economy was in bad shape, if we were on the verge of disaster, if we were on the verge of bankruptcy; but all of us continue to talk about how fortunate we have been that the economy has been holding steady, that we continue to experience economic growth. If we are experiencing economic growth, then it would seem foolhardy to allow institutions that provide the most needed of services to dissipate and perhaps even go under.

Now, there are some things that are being proposed. There are bills that have already been introduced that could provide some relief. One is Senate bill 1023 and House Resolution 1785. The Graduate Medical Education Payment Restoration Act of 1999 would freeze the IME payment reduction at its current level of 6.5 percent, and it would restore nearly \$90 million of Medicare funding to Illinois teaching hospitals and academic medical centers. Obviously, we are asking people to support that legislation.

Senate bill 1024 and House Resolution 1103, the Managed Care Fair Payment Act of 1999, would pay a disproportionate share to hospitals directly from Medicare for services. So we would hope that these legislative initiatives would be seriously looked at by the Members of Congress and that we could move to provide the kind of relief that is necessary to keep our institutions alive, viable, healthy, and well.

□ 1530

#### HURRICANE FLOYD DISASTER IN NORTH CAROLINA

The SPEAKER pro tempore (Mr. COOKSEY). Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, I come from North Carolina, and there is, indeed, trouble in the land where I come from. There is great devastation. In fact, we have suffered the greatest devastation that we have ever suffered in the history of our State. Some are calling this the flood of the century. It exceeded the 500-year watermark.

So, indeed, when we think of Interstate 95 being closed, and we know Interstate 95 was built for certainly every eventuality for many hundreds of years, when we think of the great un-

expected consequences that this flood has brought, we can understand the devastation that the people in eastern North Carolina indeed are facing.

In fact, Hurricane Floyd came on the back of Hurricane Dennis. Dennis had come and rained and had dumped approximately 20 inches from August 29 to September 9. So the grounds were already soaked.

Then as my colleagues recall, Floyd came back; and when he came, he came all the way up the coast from Florida all the way up to New York. The State of Florida was severely hit, not as much as North Carolina. But Virginia was also affected. The States of Pennsylvania, New Jersey, and New York, all of those were indeed affected. But the devastation in North Carolina is profound.

Over 49 individuals have been confirmed dead. There are six bodies unidentified. The waters now are still rising because, just yesterday, six more inches of water has been the result of the rain that has occurred, and we are expecting to get at least 4 more in that area.

We see on TV areas like Tarboro and Princeville or Greenville, North Carolina. The waters that came downstream from Princeville and Tarboro, the Tar River is flowing. As the river is flowing down towards the ocean, those communities living in the wake of that flow, indeed, have found themselves under stress.

Again, in Greenville, East Carolina University, the whole school, 12,000 students were, indeed, evacuated, and 5,000 of them right now without accommodations. The school began today, and they are trying to find temporary housing for a good many of the students.

We have more than 2,800 people still living in shelters. At one time, we had as many as 30,000 people living in shelters throughout. This is, indeed, a devastation of indescribable terms.

One wonders, when there is such suffering, is there some redemptive value in that. Well, one of the things I have seen in all of the suffering is the resilience and the hope and the kind of dogged determination of people that they will, indeed, come back. But I also have seen just the generosity of the American people or neighbors helping neighbors or churches helping churches, school districts lending mobile units to other school districts.

We have schools flooded. We have a whole town still under water. In fact, part of another town is still under water. Houses that are structurally so vulnerable that they probably all will be destroyed.

Certainly in the town of Princeville, environment damage has been caused as a result of that. More than 1,020 hogs were killed. More than 2.3 million chickens were killed. Five hundred turkeys were killed. Fertilizer, nitrate, chemicals.

On last Saturday, I visited Princeville service stations where they had dislodged the gasoline tanks, and one could smell the gasoline. Just the environmental impact in their water system. It is going to take an enormous amount of resources and time and effort and collaboration and work and patience to restore the vitality, the environmental nature of the community.

So I want to call my colleagues to understand the proportionality of the suffering. When any of us suffer, all of us suffer.

This is a vast amount of North Carolina farmland. More than one-third of our farmland is said to be nonproductive now as an effect of having Hurricane Floyd.

Hopefully, very soon, there will be a resolution on this floor that will say that this sense of House, we feel that, indeed, part of America is suffering; and this House, this body will have the fortitude to commit the resources that are needed to restore them.

This will not be easy. Indeed, it will not be easy, because floods do a lot of things that the wind does not do. In fact, it just threatens the integrity of roads and bridges and water systems and structures. Amazing to see such devastation.

Finally, Mr. Speaker, I just commend to the people who have helped us our gratitude from North Carolina. But I also, Mr. Speaker, urge the colleagues here to respond in the appropriate way, and the American way, and to provide the necessary resources to restore the lives of these communities.

#### CRITICAL HEALTH CARE ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, today, before I start, I want to say to the gentlewoman from North Carolina (Mrs. CLAYTON) and to the people of North Carolina that my heart and the heart of my constituents go out to them. We know what they are going through, although I think their situation is much worse than ours has ever been. We will stand by them and are ready to be of assistance in any way that we can to the people of North Carolina, Virginia, and the other States that are affected.

But today, Mr. Speaker, I come here to give a brief overview of some of the critical health care issues that are a priority to the Congressional Black Caucus and its health braintrust which I chair. Many of my colleagues and I will come back on subsequent days to elaborate on the dire statistics that have compelled us and some of our individual critical issues.

Last year, the Caucus was able to secure an unprecedented \$156 million to

fund a state of emergency or what was called a severe and ongoing crisis on HIV and AIDS and to target the needs of African Americans, Latinos, and other people of color with regard to this epidemic.

The dollars were to increase capacity, to help build infrastructure, to enable us to get grants, to administer them, and reach the population within our communities that until now have been hard to reach, mainly because we, the health care delivery system, have not been going about it in the right way.

Mr. Speaker, in communities of color, there are many barriers that must be overcome to bring effective messages of disease prevention and health promotion. They are language. They are culture. They are decades of mistrust. They are lack of education. There are other priorities that come from poverty, joblessness, and other social and economic factors.

These communities thus have severe disparities and health services and health status and are disproportionately affected in many diseases, but especially in HIV and AIDS. The health care delivery infrastructure is just not there. While we work on that, that cannot be built in 1 day, 365 days, 1 year or even several years.

In the meantime, we need to empower our communities through their indigenous community organizations to provide the prevention and intervention services that are needed. The people within the communities know their communities. They have the trust of their communities. They can do it best. What they do not have are the resources, and that is what the CBC initiative is all about.

We will soon be looking at the outcome of this past year's initiative. We have some doubts that it accomplished what we asked it to, but we must prepare to continue to improve and expand on that effort. We are, therefore, asking for an increase in the FY 2000 budget above the President's request of \$171 million.

Because we are seeking to make sure that all communities of color receive the funding they need commensurate with the level of the epidemic and the infrastructure deficiencies that each one of us has, some greater than others, we are asking then for \$349 million in the Labor HHS appropriation.

This funding is critical, as our other requests for \$150 million for the President's disparity initiative, \$55 million towards the international AIDS program, and AIDS in Africa.

Along with our requests with respect to the disparities, we are asking for the special funding to be set aside to train more providers of color, to provide Medicare and Medicaid outreach to our communities, and to increase our knowledge of and attention to HIV/AIDS and other health care issues in the Nation's prisons.

Mr. Speaker, there are other issues that are just as important to us as funding, though, and which actually costs us nothing but our commitment to reduce the disparities that exist for communities of color in this country.

They include the funding of the offices of minority health in the agencies of the Department of Health and Human Services, such as CDC, the Centers for Disease Control and Prevention, SAMHSA, and to Health and Substance Abuse, HRSA, and the Agency for Health Care Research, where although they are established, they are not funded.

It has been directed that up to 0.5 percent of the agencies' budget be allocated to fund them, and we want the committee to direct that this be done. With the best of intentions, the issue of people of color will not be adequately addressed unless these offices are empowered and are given some authority within their individual agencies.

The other important area is the Office of Minority Health Research at the National Institutes of Health which we are asking to be raised to the level of a center. That office, to be effective, and to fulfill its important role in ending a two-tiered system of health care in this country must have budget sign off. It must have accountability for the funds and the research it has done on behalf of the people it represents. We in the Caucus will fight for this as we will fight on the other issues until this becomes a reality.

We have many other challenges before this country, insuring the uninsured to name a major one. We can make a major step towards better health care in this country by supporting the initiatives of the Congressional Black Caucus. They are undertaken, not just on behalf of African Americans or Latinos, Asian Americans, Native Americans, Asian or Pacific Islanders, or Native Hawaiians or Native Alaskans, although those are our priority populations, but they are undertaken on behalf of all Americans.

Just like justice, health care delayed is health care denied. We have an obligation as the Representatives of all of the people of this country to bring health care, not just to some, but to each and every American.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 42 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1643

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro

tempore (Mr. SESSIONS) at 4 o'clock and 43 minutes p.m.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2910, NATIONAL TRANSPORTATION SAFETY BOARD AMENDMENTS ACT OF 1999

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 106-342) on the resolution (H. Res. 312) providing for consideration of the bill (H.R. 2910) to amend title 49, United States Code, to authorize appropriations for the National Transportation Safety Board for fiscal years 2000, 2001, and 2002, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2436, UNBORN VICTIMS OF VIOLENCE ACT OF 1999

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 106-348) on the resolution (H. Res. 313) providing for consideration of the bill (H.R. 2436) to amend title 18, United States Code, and the Uniform Code of Military Justice to protect unborn children from assault and murder, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. BOSWELL) to revise and extend their remarks and include extraneous material:)

Mr. LIPINSKI, for 5 minutes, today;  
Mr. PALLONE, for 5 minutes, today;  
Mr. FILNER, for 5 minutes, today;  
Mr. CUMMINGS, for 5 minutes, today;  
Ms. BROWN of Florida, for 5 minutes, today;

Ms. WATERS, for 5 minutes, today.

(The following Members (at the request of Mr. GUTKNECHT) to revise and extend their remarks and include extraneous material:)

Mr. RAMSTAD, for 5 minutes, today;  
Mr. BURTON of Indiana, for 5 minutes, October 6;

Mr. ROHRBACHER, for 5 minutes, today;

Mr. ISAKSON, for 5 minutes, today;  
Mr. EHLERS, for 5 minutes, today;  
Mr. SMITH of Michigan, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. MCINNIS, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)